A Progress Report:

The Nova Scotia
Royal Commission
on Health Care (1989)

and Health Strategies
for the Nineties (1990)

October 1992

Nova Scotia
Department of
Health

A PROGRESS REPORT:

THE NOVA SCOTIA ROYAL COMMISSION ON HEALTH CARE (1989)

HEALTH STRATEGY FOR THE NINETIES (1990)

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INTRODUCTION

In December of 1989, The Report of the Nova Scotia Royal Commission on Health Care, Towards a New Strategy, was released. It contains 103 recommendations for changes in the health care system and the approach to health in this province.

In response, the Nova Scotia Department of Health released Health Strategy for the Nineties: Managing Better Health, in November 1990. For the most part, it endorses the overall approach to health contained in the Royal Commission report, including the Guiding Principles and the strategies prescribed to achieve them. It contains 37 initiatives, many of which are based on the Royal Commission recommendations, to achieve better health outcomes for the province.

This document has been prepared by the Nova Scotia Department of Health to provide a brief summary of ongoing progress on the recommendations of the Royal Commission on Health Care and the initiatives of the Department's Health Strategy for the Nineties. As this document demonstrates, fully ninety percent of the Royal Commission's recommendations have either been completed, are currently underway, or are in the planning stage. All of the initiatives in the Department's document have been implemented, are under review, or are awaiting the reports and recommendations of Task Forces.

Actions covered in this report include those underway within the Department of Health, alone and in cooperation with other Government Departments. Also included are those under the mandate of the permanent advisory bodies reporting to the Minister of Health. These include the Provincial Health Council and the Regional Health Agencies. A number of Task Forces are also addressing many of the recommendations. These include the Task Force on Nursing, the Task Force on Primary Health Care, the Task Force on Physician Policy Development, the Ministerial Working Group on Mental Health Services.

A note on use of this document - it is comprised of the Royal Commission Recommendations in Section A, and the Department of Health's initiatives in Part B. Where the Actions are the same, the numbered recommendations from Part A are referenced in Part B.

PART A

RECOMMENDATIONS OF THE NOVA SCOTIA ROYAL COMMISSION ON HEALTH CARE

A NEW PLANNING DYNAMIC

Recommendation

3.01 That the Government of Nova Scotia formally adopt a broad definition of, and commitment to, health based on the principles of a Comprehensive Health Policy.

Action

Government's commitment to health is outlined in the Health Strategy for the Nineties document released November, 1990. The task of developing health goals was assigned to the Provincial Health Council established December, 1990. In March, 1992, the Health Council released a comprehensive definition of health:

> "Health for Nova Scotians is the capacity, as individuals and as members of groups and communities, to function optimally and to improve their social and physical environments so as to achieve well-being."

Recommendation

3.02 That the Government of Nova Scotia, through the Provincial Health Council and Ministry of Health, develop Provincial Health Goals based on the principles of a Comprehensive Health Policy.

Action

The Provincial Health Council was established December 1990, and released draft health goals in a discussion paper in April 1992. After public consultation around the Province, Nova Scotia Health Goals were publicly announced by the Premier, the Minister of Health, and the Chair, Provincial Health Council in August, 1992.

Recommendation

3.03 That the Ministry of Health disseminate, at periodic intervals, pertinent public information on health status and health surveys, so as to enable individuals and groups to make informed choices about health policies, programmes and options.

Action
Various health status surveys are carried out from time to time by federal departments (Health and Welfare and Statistics Canada). Results are published and distributed by these agencies.

The Department of Health routinely disseminates pertinent health status information it has available to the public (e.g., heart health, AIDS/STD's, etc.)

The Department also participates on the National Health Information Council which is working on a strategy for developing effective health information systems for Canada.

Recommendation
3.04 That the Government of Nova Scotia immediately appoint a Provincial Health Council, which will report to the Executive Council, and provide advice to the Minister of Health.

Action
A Provincial Health Council was appointed on December 12, 1990.

Recommendation
3.05 That the role of the Health Council be:

(a) to advise the government on a Provincial Health Policy and Goals;

(b) to provide for broad involvement by the public in the development of a Comprehensive Health Policy; and

(c) to monitor, assess, and report on the performance of the health system.

Action
The Health Council mandate includes all the Commission's recommended responsibilities.

Recommendation
3.06 That the Health Council immediately initiate a participatory process to develop Provincial Health Goals, which will form the basis for the province's Strategic Plan and all health service programmes.

Action

A discussion paper entitled Developing Health Goals and a Comprehensive Health Strategy for Nova Scotia, was released

April 9, 1992. In the following months, the Council consulted widely with stakeholders and the public regarding the Health Goals. Final Nova Scotia Health Goals were released in August, 1992.

Recommendation

3.07 **That the Government of Nova Scotia merge the Department of Health and Fitness, the Health Services and Insurance Commission, and the Commission on Drug Dependency into an integrated "Ministry of Health".**

Action

The Health Services and Insurance Commission and the Commission on Drug Dependency effectively became divisions of the Department of Health on September 1, 1991. They are now called Insured Professional Services Division and Drug Dependency Services Division. Legislative amendments to reflect these changes were enacted in the 1992 Spring session of the Legislature. Other changes in the Departmental reorganization include creation of a Policy, Planning and Research Division in January 1992 and a restructuring of Community Health Services Division which is now called Public Health Services Division.

Recommendation

3.08 **That the Government of Nova Scotia transfer to the Ministry responsibility for the policy, analysis and research functions presently carried out by Maritime Medical Care (MMC) Incorporated for Medical Services Insurance programmes, alter the contract with Maritime Medical Care Incorporated accordingly, and amend the legislation to remove specific reference to Maritime Medical Care Incorporated.**

Action

The division of MMC responsible for policy, analysis, and research was transferred to Insured professional Services Division in September, 1991. Legislation and a new administrative agreement with MMC Inc. has been finalized.

Recommendation

3.09 **That the Government of Nova Scotia and Dalhousie University jointly establish, under the aegis of the Faculty of Health Professions, a Health Policy and Management Research Centre to undertake, on a contractual basis, health surveys, evaluations, research projects, and planning studies. The other Atlantic provinces should be invited to join in establishing and funding this centre.**

Action
The recommendation has not been acted upon as it is seen to be economically unfeasible at this time. One of the items for development by Atlantic Ministers of Health is an Atlantic Canada Medical Research Fund.

Recommendation

3.10 That the Ministry of Health improve and update its information systems so as to provide a solid foundation on which to base policy development, comparative studies and evaluations.

Action
Information systems planning and development is an evolutionary process. Plans are being made to implement a province-wide network to improve the efficiency and effectiveness of current data systems. Projects are underway to improve hospital services data, day surgery data, mental health data, health human resource planning data, and Vital Statistics, and to implement a unique lifetime identifier system. Plans are also being prepared for systems to improve the registration and claims systems operated by Maritime Medical Care. It is expected that these changes will provide more relevant information for policy development and evaluation. Automated claims processing and a management information system for the Ambulance Subsidy Program will be implemented in 1993.

Recommendation

3.11 That the Government of Nova Scotia emphasize human resource development. That it undertake a review of compensation policies for senior and middle management to ensure Nova Scotia can attract and retain the best possible health administrators.

Action
The Government of Nova Scotia, through the Civil Service Commission, is committed to human resource development. It provides a number of programs, such as Senior Management and Supervisory Development Programs, to enhance human resource development. Compensation policies for senior and middle management follow the MCP schedule, are government wide, and are decided according to the HAY system. Within the Department, a Human Resource Development component is in the initial stages of development for internal staffing.

Recommendation

3.12 That professional training and continuing education be provided so as to re-orient Ministry of Health personnel to health promotion and community development.

Action
The Health Strategy for the Nineties document emphasizes the importance of enhancing the health promotion and community development approach in the Department. Further measures are planned to build on current strengths.

Departmental planning for a continuing education initiative is currently underway. The objective of this initiative is to develop and enhance professional skills in community development, initially with the staff of Public Health Services Division (formerly the Community Health Services Division.

Recommendation

3.13 That the Health Council immediately appoint a task force to define new health regions for Nova Scotia, and report with its recommendations within two months of its appointment.

Action
Following public consultations by the Minister of Health, this recommendation was carried out within the Department of Health in accordance with the general outline established by the Royal Commission. There are six health regions.

Recommendation

3.14 That the Government of Nova Scotia establish a Regional Health Authority for each of the regions defined by the task force of the Health Council, and appoint the boards of these Regional Health Authorities based on a public nomination process defined in consultation with the Provincial Health Council.

Action
Following a public call for nominations, appointment of members for Regional Health Agencies (RHAs) in Northumberland and Cape Breton regions occurred in April, 1992. The Cobequid and Halifax RHAs will be appointed before the end of 1992. The RHAs for the Valley and Southwestern Nova Scotia will be appointed in the Spring of 1993.

Recommendation

3.15 That the Ministry of Health immediately begin the administration of health programmes on the basis of these new regions by transferring to the Regional Health Authorities financial resources for the management of all heath care services.

Action
Discussions with all interested parties at public meetings

held shortly after the release of the Royal Commission Report demonstrated that transfer of financial responsibilities to the regions is premature.

The government believes it is its responsibility to provide sound fiscal management of the health care system. Discussions with consumer and provider groups indicated widespread support for this position.

Recommendation

3.16 **That, upon establishment of new regions, the Ministry of Health provide each Regional Health Authority with the resources to hire a Chief Executive Officer and staff, and initiate delegation of the responsibility for the planning and management of all health programmes to these Regional Health Authorities.**

Action

Each Regional Health Agency will be provided with resources to hire staff to assist in fulfilling their mandate.

Recommendation

3.17 **That the Regional Health Authorities immediately initiate local needs assessments as a basis for the development of Regional Services Plans.**

Action

Regional Health Agencies will be involved in assessing health needs in their respective regions. In the long term each will develop a Regional Health Services Plan for consideration by the Minister of Health.

Recommendation

3.18 **That the Ministry of Health establish a Regional Team within the Ministry to facilitate and support the development of Regional Health Authorities during a transition period of up to a maximum of five years.**

Action

The Policy, Planning and Research Division of the Department of Health will function in this role for the Regional Health Agencies.

Recommendation

3.19 **That the Ministry of Health realign and reorganize all departmental information bases, including physician utilization and payment information, to conform with the new regions.**

Action

There are 3 types of data affected by boundary changes. Patient service databases within the Department (e.g. hospital inpatient data) are already coded as to place name and municipality and can be easily reorganized into regions. MSI Data organized by region for both population and provider is currently available, as regions are county aggregates in all cases except East and West Hants. Insured Professional Services Division is currently studying ways to allocate Hants County patients pending systems development that will provide this information. Public Health Services has developed an amalgamation plan for the Health Units in the Southwest Region. Finally, financial data will be realigned according to the new regional boundaries for the 1992/93 fiscal year.

Recommendation

3.20 **That the Ministry of Health support the establishment of the management information systems needed by the Regional Health Authorities for regional planning, including workload measurement systems for nursing and the associate health professions.**

Action

The information needs of each region will be identified after the RHA's are established. Data from existing data bases will be organized and distributed, initially on paper and later electronically, as necessary systems, technology and staff are available.

Most hospitals have acquired financial information systems and basic patient information systems, (e.g. Central Index and Registration), but it will be some time before the very diverse needs for regional health information can be met by a single information system.

Recommendation

3.21 **That the Government of Nova Scotia immediately establish, under the aegis of the Cabinet Secretariat, a committee to strengthen inter-departmental coordination on health-related issues at the senior government level. This committee should consist of relevant ministers, deputy ministers and supporting resources.**

Action

The Health, Education, and Community Social Services (HESS) Committee has been altered to accommodate Royal Commission terms of reference for the interdepartmental committee. Composition now includes Community Services, Health, Education, Policy Board, Attorney General, Solicitor General -

with the participation of other Deputy Ministers depending on the agenda. It is now called the Deputy Ministers' Committee on Social Policy.

Recommendation

3.22 **That the Province of Nova Scotia act jointly with the Provinces of New Brunswick and Prince Edward Island to create a Maritime Provinces' Health Secretariat to coordinate policy and health initiatives for the Maritimes, with the Province of Newfoundland consulted as appropriate.**

Action

The N.S. Minister of Health is chair of the three Maritime Health Ministers to initiate and implement co-operative ventures in the health sector with Newfoundland as a participant on most issues.

Recommendation

3.23 **That the province of Nova Scotia participate in and financially support the formation of a national agency which would coordinate and cooperatively pursue health technology evaluation and research.**

Action

Nova Scotia participates in the Canadian Coordinating Office on Health Technology Assessment, which reports through an Advisory Committee on Institutional and Medical Care to the Federal/Provincial Deputy Ministers of Health.

The province is a participant in the National Coordinating Council on Health Technologies. The province provides financial support to this organization which is actively involved in health technology evaluation research and sharing this information between jurisdictions.

Recommendation

3.24 **That the Province of Nova Scotia request Dalhousie University, in cooperation with the Council of Maritime Premiers, to appoint a task force with the mission to develop the precise representation and specific terms of reference for the establishment of a Health Faculties Board within the organizational framework of the University.**

Action

Dalhousie University appointed a Task Force on Health Studies in November 1990. The mandate of this group is to develop a long term vision for Health Studies at Dalhousie, including goals, objectives, actions and required resources. It has released a discussion paper recommending the University focus on regional goals for the preparation of health professionals.

Its final report is expected late in 1992.

HEALTH PROFESSIONS

Recommendation

4.01 That the Ministry of Health in consultation with the Health Council develop a comprehensive health human resources plan based on health needs of the population and a review of the present and future roles of all health professionals to determine appropriate entry points to the health system, numbers, mix, training, scope of practice and distribution of health professionals in Nova Scotia.

Action

The Policy, Planning and Research Division will develop a comprehensive health human resource plan. Efforts of the Task Forces on Physician Policy Development and on Nursing will contribute to the plan. The Joint Management Committee, consisting of members from the Department and the Medical Society, has been formed to examine these issues for physicians.

Recommendation

4.02 That new modes of delivery for services of all health professionals be explored, including expansion of the roles of the professions and entry points to the health system, non-institutionally based delivery of care, and shared service models to achieve a cost-effective mix of health personnel. That appropriate legislation be enacted to allow flexibility in the delivery of specific health services by all the various health professions.

Action

A review of new modes of delivery is part of the mandate of the Task Force on Primary Health Care appointed in April, 1992. It is expected that the Task Force on Physician Policy Development and the Task Force on Nursing will also address some of these issues. Also, in November 1991, the Department of Health, the Registered Nurses Association of Nova Scotia, and the Sacred Heart Hospital, agreed to sponsor a three year pilot of a primary health care model.

Recommendation

4.03 That the Ministry of Health place the utmost priority on the planning of nursing human resources. Further, that the coordination of nursing human resources planning be ensured through the development of a comprehensive information base at the provincial and institutional levels.

Action
The Task Force on Nursing is now addressing these issues. An interim report was released in January 1992. The final report is scheduled for the spring of 1993. In addition, the Department and RNANS are presently collaborating on nursing human resources information collection and analysis.

Recommendation
4.04 That the Provincial Health Council evaluate the role of the Certified Nursing Assistant.

Action
Part of the mandate of the Task Force on Nursing is to explore the role of the CNA. See 4.03.

Recommendation
4.05 The Provincial Health Council oversee the development and implementation of the following measures with respect to nurses:

(a) Job enhancement initiatives to be funded by the Ministry of Health.

(b) Organizational structures providing unit managers with the authority to allocate human and financial resources and that encourage participatory management on a unit and facility-wide level.

(c) Options allowing for greater flexibility and individual control over scheduling, such as "flex" time, job sharing, leaves of absences, extended parental and education leaves, and deferred salary leaves.

(d) Guidelines for a clinical ladder structure as the basis for a salary grid that provides financial compensation consistent with clinical expertise, levels of responsibility and variations in work conditions.

(e) Impact analysis of all new programmes and services to assess increased demands on nursing services and the commensurate financial implications.

Action
All of the listed measures are being addressed by the Task Force on Nursing. See 4.03.

Recommendation

4.06 That the Provincial Health Council initiate a demonstration project in a health institution based upon the principles of participatory management and a collaborative team approach to the delivery of patient care. Participants on this project should include representatives from the unions representing nurses, employers, university nursing programmes, the Registered Nurses Association of Nova Scotia, staff physicians and staff nurses, who will be responsible for the design and implementation plan. This demonstration project, which should operate approximately 18 months, should be evaluated every six months.

Action

The Task Force on Nursing is addressing this issue, and has included a recommendation on it in its Interim Report released in December 1991.

Recommendation

4.07 That the Provincial Health Council make recommendations on the following areas within a six month time frame:

(a) Implications of entry requirements to practice for nurses.

(b) Definition of career and remuneration structures within Nursing that recognize and compensate for expertise in administration, teaching, research and clinical practice.

(c) Accessibility and financial support for continuing education through distance learning, university, and institutional programmes.

Action

These issues are being addressed by the Task Force on Nursing. See 4.03.

Recommendation

4.08 That the Ministry of Health budgetary guidelines for hospital staffing be updated to provide funding for inservice programmes, orientation, vacations, educational leaves and staff replacement times; that hospital funds be designated for continuing education; and that specific programmes be developed to strengthen management skills of nurses.

Action

This is a matter of continuing discussion and development with NSAHO. The Task Force on Nursing is also addressing the issue.

Recommendation

4.09 **That the policy and administrative framework for an expanded role for nursing in the delivery of primary health care in Nova Scotia be established. That this process involve collaboration of nurses and other health professionals, administrators, government and educational institutions.**

Action

See 4.02 action.

Recommendation

4.10 **That the Provincial Health Council develop an inter-disciplinary demonstration project which expands the role of nurses to provide primary health care in a community setting, with delivery of services based on a team approach; and that an 18-month time frame be set, with ongoing evaluation.**

Action

See 4.02 action.

Recommendation

4.11 **That in view of the projections of increased physician human resources and their implications on medical services insurance expenditures, the Ministry of Health place the utmost priority on physician human resources planning strategies, working in consultation with key groups.**

Action

The Task Force on Physician Policy Development, appointed in May 1991, is addressing these issues. The Task Force released a draft report in August 1992, and expects to release a final report late in 1992 or early in 1993. Public consultations are now underway.

Recommendation

4.12 **That the Ministry of Health, in keeping with the recommendations of the physician human resources management strategy, establish targets for physician numbers, in total and specialty, commensurate with the Provincial Health Strategy. That the necessary measures required to achieve these targets, including reductions in enrolments and immigration, be immediately implemented.**

Action

See 4.11 action.

Recommendation

4.13 That the Ministry of Health determine regional requirements for physicians, including appropriate mix of specialties, in keeping with the principle of regionally-based planning. This regional planning will be based on demography and health status indicators, within provincially-established guidelines.

Action

The Facilities Division has developed Medical Services Plans for all hospital based specialties in the Province.

Recommendation

4.14 That, given the national market for physicians, and the large annual interprovincial flows of physicians, the Ministry of Health continue to work towards a federal-provincial agreement to bring about a general reduction in the rate of growth of numbers of physicians in Canada.

Action

In January 1992, the Provincial Ministers of Health announced a National Physicians' Strategy to address this issue. The Strategy was based on the Barer-Stoddart report, Toward Integrated Medical Resource Policies for Canada, as presented to Federal/Provincial Deputy Ministers of Health in June 1991.

Recommendation

4.15 That the Government of Nova Scotia work towards a reduction in total undergraduate medical school enrolment in Canada of 25 per cent. Further, that the Dalhousie Faculty of Medicine share the national burden of reduction on a proportional basis, taking into consideration its recent enrolment reductions. That alternate funding mechanisms for the Dalhousie University Faculty of Medicine, other than the per capita formula, be developed.

Action

Provincial Ministers of Health meeting in January, 1992, agreed to 10% national reductions in first year Medical School enrolments, as well as in the number of post-graduate education training positions. Dalhousie University enrolment was recommended to remain at 1991 levels.

Recommendation

4.16 That medical staffs of community, regional and tertiary care hospitals be established at a level appropriate to the service roles established in the Regional Services Plans.

Action
The Medical Services Plans define the number of specialist physicians for Community, Regional and Tertiary Care facilities. These will be updated as regional services plans are developed.

Recommendation
4.17 That any growth in the institution's medical staff be based on Regional Services Plans and regional human resources planning, be subject to impact analysis, and receive both Regional Health Authority and Ministry of Health approval.

Action
See 4.16. The Department of health recommends that hospitals undertake impact analysis prior to adding medical staff.

Recommendation
4.18 That so as to regulate the supply and geographic distribution of physicians, the government of Nova Scotia immediately take steps to restrict new Medical Services Insurance billing numbers issued to physicians performing insured services in this province.

Action
The Task Force on Physician Policy Development is reviewing ways to manage growth in physician numbers and expenditures.

The Government and the Medical Society have recently negotiated a five (5) year agreement which includes a managed growth strategy for expenditures on physician services, alternative funding, human resource development, and distribution, review of the fee-for-service schedule and its preamble and a variety of other issues related to physician services.

Recommendation
4.19 That the Government of Nova Scotia introduce a mixed system of remuneration for physicians, including fee-for-service, salary and capitation methods of payment.

Action
Insured Professional Services has developed and tested a contract service arrangement for salaried physician payments. The Task Force on Physician Policy Development will review this issue. See 4.18.

Recommendation

4.20 That the Government of Nova Scotia develop the administrative framework and establish alternate settings for the practice of medicine, such as health service organizations and community health centres.

Action

Insured Professional Services has been reviewing alternative forms of reimbursement for physicians, and the Task Force on Physician Policy Development is expected to report late 1992 or early in 1993. The Task Force on Primary Health Care may also consider these options. See 4.18.

Recommendation

4.21 That a task force of the Provincial Health Council be established to undertake a comprehensive review of the fee-for-service schedule. This review will seek ways to adjust the schedule to support health maintenance, health promotion and illness prevention.

Action

See 4.18

Recommendation

4.22 That the Government of Nova Scotia establish payment to full-time institutionally-based physicians, namely pathologists, radiologists, and anesthesiologists, on a salary or sessional fee basis.

Action

See 4.18

Recommendation

4.23 That the Government of Nova Scotia adopt a managed growth strategy, with well-defined objectives, in order to achieve an orderly growth of provincial expenditures for physicians' services.

Action

See 4.18 The Task Force on Physician Policy Development will also report on this issue.

Recommendation

4.24 That the Ministry of Health establish the administrative structure for a prospective capitation payment system for physicians' services based on the defined regions, prior to entering another round of negotiations.

Action
The Task Force on Physician Policy Development is addressing this issue. See 4.18

Recommendation
4.25 That the Ministry of Health establish a Clinical Services Fund to be administered by the proposed Health Faculties Board as the basis for block funding the patient care services provided by full-time teaching physicians, so as to allow for better management of physician supply and public expenditures.

Action
See 4.18.

Recommendation
4.26 That clinical heads within institutions be provided with financial incentives for their administrative and managerial responsibilities, and that physicians be encouraged and provided with appropriate incentives to manage health care resources efficiently.

Action
See 4.18

Recommendation
4.27 That the Government of Nova Scotia, in conjunction with the other Atlantic Provinces and the universities involved, establish enrolment targets that recognize demonstrated regional needs, as well as national and international interest in educational programmes for the associate health professions.

Action
This function is part of the mandate of the Regional Advisory Group on Health Sciences Education, which reports to regional Deputy Ministers of Health and Education and to MPHEC.

Recommendation
4.28 That the Government of Nova Scotia develop training programmes for, and expand the use of, auxiliary personnel for rehabilitation services such as physiotherapy and occupational therapy. Specific training requirements, service functions, and supervisory conditions must be determined as preliminary steps.

Action
This topic is under continuing review in consultation with the major rehabilitation disciplines and other Atlantic Departments of Health.

Recommendation
4.29 **That the Ministry of Health review and plan for an appropriate supply of the associate health professions; that salary scales be examined and revised, and career structures created for the associate health professions, so as to reflect seniority, responsibility, and educational attainment.**

Action
The Department of Health will continue ongoing review of supply issues for the associate health professions. However, salary scales for the associate health professions are, for the most part, outside the direct administration and control of the Department.

Recommendation
4.30 **That worklife conditions of the associate health professionals be addressed in order to reduce the loss of professionals through attrition, inactivity, and job dissatisfaction through the provision of options allowing for greater flexibility, such as "flex" time, job sharing, leaves of absences, extended parental and education leaves, and deferred salary leaves.**

Action
The Ministerial Task Force on Nursing, which represents two-thirds of Nova Scotia's health care workforce, is examining this issue and is expected to present a final report in the spring of 1993.

No action has been taken to date for other associate health professions. This is not directly a Departmental responsibility, but usually is addressed through discussion and negotiation between employers and employees e.g. in a hospital setting.

Recommendation
4.31 **That workload measurement systems be established so as to ensure appropriate staffing levels for the associate health professions.**

Action
The Department continues to support and implement workload measurement systems developed nationally. However, workload measurement systems are not an appropriate way of funding institutions. They are a management tool to determine

productivity of staff but do not reflect the appropriateness of the service provided in the first instance.

REVITALIZED SERVICES

Recommendation

5.01 That the Ministry of Health reallocate non-transferable resources to foster the development of health promotion and community programmes based on a comprehensive health policy:

(a) That community health programmes receive an increased budget allocation equal to one per cent of the budget of the Ministry of Health in each of the next five years; and that this reallocation take place in a planned manner, allowing for the development of the administrative capacity to implement such programmes.

(b) That the Ministry of Health establish a Community Health Initiatives Fund in support of health promotion and illness prevention projects at the community level. This fund, to be regionally administered, will consist of $1 per capita per annum and have a five year life span.

Action

The Department of Health has moved a considerable way in this direction.

(a) As stated in the Department's Health Strategy for the Nineties, the Department's target is to increase the share of its overall budget devoted to Community Health (excluding home care which is a treatment program) to 4 percent of total departmental spending.

Public Health Services Division is currently undergoing an organizational change. Upon completion of these changes, a plan will be put into place to increase the budget allocation to programs on a priority basis.

(b) In November of 1990 the Department announced the Community Health Promotion Fund (CHPF). This fund finances health promotion and illness prevention projects at the community level and through community-based groups. This program has gone through three calls for submission of proposals. In the first year, it allocated a total funding of $225,000 or .26 cents per capita per annum. In the second and third years of operation, the funding amount was increased to $375,000 or .43 cents per capita. The program will have a minimum of a five year life span, and a review of the program is currently underway.

Recommendation

5.02 That the following steps with respect to the Coordinated Home Care Programme be taken:

(a) development of an evaluation process which includes measurement of programme effectiveness;

(b) a review of the human and fiscal resources allocated to the Department of Community Services and the Ministry of Health for Coordinated Home Care;

(c) the expansion of target groups and eligibility criteria to address acute health care needs of all age groups, including the terminally ill; and

(d) coordination of Home Care with acute and chronic institutional services, including early discharge programmes.

Action

(a/b) An evaluation (designed in two phases) of the Nova Scotia Coordinated Home Care Program (CHCP) has been undertaken. Phase I was to examine the organizational structure with specific emphasis on costs, appropriateness of joint assessments and program effectiveness with regard to specific service provisions.

Phase I has been completed. Phase II was to look at the coordination of activities, access to services, delivery of services and cost-effectiveness of the program. As Phase I covered some of the areas to be considered in Phase II, the commencement of Phase II is under review.

(c) Expansion of the existing Home Care Program will not take place before the Evaluation is complete. Any future expansion will be largely dependent on the availability of funds.

(d) In April, 1992 Government announced the transfer of the nursing component of the CHCP to the Department of Community Services and the transfer of Homes for the Aged and Nursing Homes to the Department of Health, effective April 1993.

Recommendation

5.03 That the guidelines established by the Canadian Council on Hospital Accreditation with respect to pastoral care services be met by all hospitals in Nova Scotia; that provision for appropriate clinical pastoral care be made through regionally-administered health services budgets; finally, that human resource planning and management be done in collaboration with the Institute for Pastoral Training.

Action
The vast majority of hospitals in Nova Scotia are accredited and meet the requirements of the Council on Pastoral Care Services. The Department has initiated a Services Review for unaccredited hospitals based on the guidelines utilized by the Canadian Council on Health Facilities Accreditation, a component of which would include Pastoral Care Services. There has been no change in the Department's position that Pastoral Care Services are not insured through the Hospital Plan nor has there been action on Human Resource Planning in collaboration with the Institute of Pastoral Training.

Recommendation

5.04 **That a review be undertaken by the Ministry of Health and the Provincial Health Council to ensure the completeness of rehabilitation services in the institutional, community, and home settings.**

Action
An operational review of the Nova Scotia Rehabilitation Centre has been completed, and functional programming is proceeding for expanded services at Northside Harbour View Hospital.

Recommendation

5.05 **That palliative care programmes be recognized as integral components of health services at the tertiary, regional and community levels; that upon assessment and admission to a palliative care programme, an individual be eligible for all required medication, supplies, and services as a part of the insured health services in any institutional, community, or home setting approved by a physician.**

Action
The Department recognizes Palliative Care as an integral component of health services at all levels. Guidelines for the establishment of Palliative Care Services were prepared by the Department in 1988 and had been circulated to all facilities. Palliative Care Programmes exist in all six regions and initiatives are underway to improve the co-ordination of these services. Palliative Care is recognized as appropriately being provided in a wide variety of settings including the home through the appropriate use of trained volunteers. Provincial support is available for some medications, supplies and services although individual responsibility for payment also exists in these areas.

Both the Metropolitan Hospital Advisory Committee and the Cape Breton Regional Services Committee have undertaken reviews of Palliative Care Services in their regions.

Recommendation

5.06 **That the range of services for mental health provided by the Ministry of Health be significantly broadened beyond the institutional services which presently dominate the mental health budget; and that additional administrative and staffing resources be provided to support this expansion.**

Action

The range of services has been broadened by the addition of community support programs funded jointly by the Departments of Health and Community Services. Additional community focused services to support community living and prevent institutional admission have been developed. Most continue to be administered by hospitals and represent a re-direction of effort and resources to community (non-patient) focused care. Additional programs are being developed.

A Ministerial Working Group on Mental Health Services has been established to address all aspects of mental health care and services in Nova Scotia. It has produced a discussion paper and is consulting widely with the Community. It expects to produce a final document in late 1992.

Recommendation

5.07 **That the name of the Psychiatric Mental Health Division be changed to Mental Health Division to emphasize this new, broadened focus.**

Action

The name of the division is now the Mental Health Division.

Recommendation

5.08 **That the Ministry of Health conduct a major evaluation of psychiatric outpatient services provided by hospitals and mental health centres.**

Action

The Ministerial Working Group on Mental Health Services is addressing all aspects of mental health care and services in Nova Scotia.

A consumer survey developed jointly by CMHA, the Department of Health and the Mental Health Consumer Advocacy Network of Nova Scotia (MHCANNS) was conducted in the spring of 1992 through the mental health centres. This will provide important information to support the development of a future plan for Mental Health Services being developed by the Ministerial Working Group on Mental Health Services.

Recommendation

5.09 **That until such time as there are sufficient Canadian-trained psychiatrists, the Ministry of Health make a concerted effort to recruit American-trained psychiatrists and respond immediately to the manpower requirements in child psychiatry.**

Action

The Ministerial Working Group on Mental Health Services is reviewing these issues.

A provincial committee on psychiatric recruitment has been established to coordinate recruitment efforts and develop strategies to attract North American graduates.

Recommendation

5.10 **That the Ministry of Health allocate resources for improved facilities, new locations and a more supportive environment for drug and alcohol rehabilitation programmes, so as to enhance programme delivery and reduce barriers to programme entry.**

Action

This is being accomplished, most notably through the establishment of the Youth Drug Rehabilitation Centre in Halifax.

Currently, the Department is in the process of attempting to relocate the Metro Drug Dependency Clinic and the Adolescent Treatment Facility. Additionally, preliminary planning work has begun to have the Cape Breton Detox facility relocated to space in one of the hospitals that will be emptied once the new regional facility has been completed.

Additional renovations to the third floor of the Pictou Detox facility were completed in late spring 1992. The Detox facility in Kentville has relocated in the new Valley Regional Hospital and a new facility is planned for the Fisherman's Memorial Hospital in fiscal year 1992-93. The foregoing measures will enhance program delivery and provide a more supportive environment for drug and alcohol rehabilitation programs.

Recommendation

5.11 **That all hospital-based drug and alcohol rehabilitation programmes be structured so as to maximize federal contributions from sources such as the Vocational Rehabilitation for Disabled Persons Agreement.**

Action
This has been a consistent operating precept of the former Commission on Drug Dependency and now of the Division of Drug Dependency Services. Commencing in fiscal year 1991-92, the budgeting for all alcohol and drug rehabilitation programs was consolidated under the Drug Dependency Services Division of the Department. This will enable the various hospital-based drug and alcohol rehabilitation programs to take full advantage of the federal cost recoveries available under the Vocational Rehabilitation For Disabled Persons Agreement (V.R.D.P.).

Recommendation

5.12 That drug utilization reviews be expanded in order to reduce over-medication and that better information and drug education be provided to physicians.

Action
With respect to physicians, the department is moving ahead on a number of fronts, most specifically with the drug monitoring program (triplicate prescriptions), which was implemented in January of 1992. There is also a comprehensive review underway in conjunction with the Medical Society and the Pharmacy Association. The Insured Professional Services Division has also significantly increased its audit and assessment program for Physician prescribing activities.

Recommendation

5.13 That the Ministry of Health eliminate the actual acquisition cost method of payment, and mandate a lowest-available price-product system for the Pharmacare Programme.

Action
A lowest price product system was implemented in June of 1990 for multi-source drugs. It is continually being updated and expanded.

Recommendation

5.14 That a public information and consumer awareness campaign be implemented to increase knowledge regarding prescription and over-the-counter drugs, particularly with respect to their side-effects, interactions, and reactions, as well as substitutes and cost.

Action
While the drug monitoring program is having an indirect effect in this respect, the Division of Insured Professional Services is in the process of addressing the recommendation more directly. An Advisory Committee on Drug Utilization, to be

made up of representatives from a number of divisions within the Department (i.e., Public Health, Drug Dependency) as well as representatives from other organizations, will be set up in 1992/93.

Recommendation

5.15 **That the Ministry of Health develop a patient card computer-linked system to monitor drug utilization, cost, and increase efficiency of the claims processing and accounting functions.**

Action

Approval has been given to the Department by Government's Electronic Data Processing Committee, to start the process leading to the implementation of magnetic stripe health cards for all Nova Scotians. Work has begun on preparing the M.S.I. registration file for use in such a system. On a priority basis, the Department and M.M.C. will develop a computer linked on-line system for Pharmacare.

Recommendation

5.16 **That the Pharmacare Programme coverage be uniformly extended to Nova Scotians on social assistance and that criteria be developed for further expansion of the programme to Nova Scotians confronted with "catastrophic" drug costs.**

Action

Since September 1, 1991, the Department of Community Services has extended pharmacare coverage to all Social Assistance recipients. Cases with catastrophic drug costs continue to be reviewed by IPSD on an individual basis.

Recommendation

5.17 **That the Provincial Health Council provide advice on emergency medical services, including operational standards for ambulances, training and certification of attendants, guidelines for use of emergency and non-emergency patient transfer, and equipment.**

Action

The Report of the Ambulance Advisory Committee was submitted to the Minister in October 1991. Working groups have been established to work on implementation of recommendations.

The Provincial Health Council, in accordance with its mandate, may also make recommendations on this area in the future.

Recommendation

5.18 That standardized programmes of training for Emergency Medical Attendants which meet the accreditation standards of the Canadian Medical Association be developed immediately and phased-in to apply to existing and future ambulance attendants within two years.

Action

A working group has been established to implement uniform standard training programs at the Victoria General Hospital and in community colleges. Implementation is expected within six months.

Recommendation

5.19 That greater efficiencies and better management of utilization be achieved by eliminating duplicate areas of service by private operators; by provincially coordinating transfers between institutions; and by establishing a hospital "shuttle" system for transferring patients in urban areas.

Action

Some progress is being made in eliminating duplicate areas of service by private operators (i.e. in Halifax and Baddeck) although largely on a voluntary basis. Elimination of duplication in other areas is in progress.

Recommendation

5.20 That an appropriate information system be developed and implemented to improve the ability to manage ambulance services.

Action

Phase I of the development of a computerized information system has been completed. Phase II is now in progress. It is anticipated that the automated claims processing and management information system will be implemented in 1993.

Recommendation

5.21 That a comprehensive review and evaluation of ambulance services be conducted in two years by the Health Council, so as to examine progress made, and to recommend possible future changes to the delivery system.

Action

This review has been completed by the Ambulance Advisory Services Committee, and recommendations have been made to the Minister. IPSD will monitor progress.

Recommendation

5.22 That a standing committee of the Health Council collect, analyze, and disseminate information on the appropriate use and types of health technology to be available as insured services in the province. Further, that the Ministry of Health rationalize the use of technology based on these evaluations.

Action

This matter falls within the Health Council's mandate, and it has established a sub-committee to address issues of technology. Also, the Department has been specific in pursuing a policy controlling the acquisition and use of high-tech equipment and services, in order to prevent duplication in this area while ensuring public access.

Recommendation

5.23 That the Ministry of Health not provide payment to hospitals or physicians for services using unapproved technology.

Action

The Department accepts that payment should not be made for any unapproved technology used by physicians or hospitals. Steps have been taken to improve the sharing of information between Health Care Facilities and Insured Professional Services to confirm that payments for these services do not occur where approval has been rejected.

Recommendation

5.24 That clinical guidelines and protocols for the use of specific health technologies be developed by the Health Council.

Action

The Federal and Provincial Deputy Ministers of Health have adopted as an objective the development of Clinical Guidelines and Protocols as part of a commitment to total quality management in health care services. The Department is also working with the various sections of the Medical Society to develop Clinical Guidelines and Protocols on a regional and provincial basis as well as assisting in the sponsorship of continuing medical education programmes specific to high cost technologies.

FINANCING THE HEALTH CARE SYSTEM

Recommendation

6.01 That the Government of Nova Scotia join with the other provinces and urge the federal government to re-examine the Established Program Financing Act so as to achieve a clearer policy and financing framework. That the Government of Nova Scotia, together with the other provinces, urge the federal government to reassess the impact of its decreasing share of provincial health care expenditures and review the consequent implications for maintaining the integrity of the Canada Health Act.

Action

Financing and maintenance of the Canadian Health Care system have been priority topics of discussion and review for the Provincial Ministers of Health for quite some time. In September 1991, the Provincial and Territorial Ministers of Health met with the Federal Minister of Health in Winnipeg to discuss these issues at length. At the meeting the Ministers of Health stated their commitment to the renewal of the health partnership between the Federal and Provincial/Territorial Governments in the conviction that Canada's universal health system must be protected and maintained. Fundamental considerations in a renewed health partnership and the protection and maintenance of the Canadian Health system are preservation of the principles in the Canada Health Act, assurances of adequate funding and effective management of the system. It was agreed at the meeting that dialogue including Federal/Provincial and Territorial Ministers of Health and Finance will be enhanced in order to assure future funding of our health care system, to ensure its sustainability in both the health and fiscal context and to provide the best and most viable health care system for all Canadians. Health and Finance Ministers met and discussed these issues further in June 1992.

Recommendation

6.02 While the future of the Established Program Financing Act is being reassessed, that the Government of Nova Scotia, together with the other provinces, request that the federal government provide technical and advisory resources in areas of inter-provincial scope, such as physician human resources planning and technology assessment, to allow for coordination on issues of national importance.

Action

The Federal Government is providing technical and advisory resources in a number of areas of interprovincial scope including physician human resources planning, technology assessment and the review of total quality management concepts

for health care. They have participated with the provinces in development and implementation of the Barer Stoddart report "Toward Integrated Medical Resource Policies for Canada". There is also joint participation in development and operation of the Canadian Coordinating Office of Health Technology Assessment.

Recommendation

6.03 **That effective planning, financial management, and accountability of the health care system be strengthened in view of projected demands on the health care system and of the provincial economic climate. That targeted levels of health spending be established globally and for individual programmes within the health budget.**

Action

Financial management, accountability, and targeted levels of health spending are a function of the Department of Health. However, they are also products of the economic climate prevailing at any given time. In conjunction with other major initiatives within the Department and government, it is expected that the department's Division of Policy, Planning and Research will assist considerably in this respect.

The Finance Division has been reorganized into a new Corporate Services Division to meet the new needs of the Health Care System in the areas of planning and financial management.

Recommendation

6.04 **That government approach expenditures on health care strategically, and weigh health spending in relation to other social and economic programmes which have an impact on health status.**

Action

See 6.03.

Recommendation

6.05 **That fee negotiations with physicians be coordinated with the provincial government financial planning process. That officials from Management Board and the Department of Finance form part of the government's negotiating team.**

Action

This recommendation fits in with the department's long term strategy. A special "tariff" committee has been established to include representatives from other Departments. Management Board and/or Finance will be involved at the appropriate stages.

Recommendation

6.06 That the Government of Nova Scotia establish a dedicated tax on alcohol and tobacco with revenues designated specifically to drug and alcohol rehabilitation programmes.

Action

This recommendation was not accepted.

Recommendation

6.07 That the Ministry of Health recover a more equitable share of costs for tertiary care services from the other Maritime provinces.

Action

This is a process of negotiation which, over the past several years, has resulted in considerable cost recoveries.

Negotiations with the other Maritime Provinces and also at a national level to ensure a more equitable share of cost recovery for tertiary care services is ongoing. An interim arrangement with the Province of New Brunswick has been negotiated to cover the costs associated with cardiac surgery prior to the opening of the Unit in Saint John.

Recommendation

6.08 That the Government of Nova Scotia decentralize the funding structure for health care expenditures to the Regional Health Authorities.

Action

Initially, Regional Health Agencies will be advisory and not have direct authority over health care expenditures. This may change over time.

Recommendation

6.09 That the Ministry of Health establish appropriate information and financial management systems to allow for a population-based regional funding system.

Action

For a number of years, the Department has been working towards this goal. Population-based regional funding has been implemented for institutions.

Recommendation

6.10 That a three-year budget cycle be introduced into the health care financial management system to enable effective long-term planning of health programmes.

Action
The three-year budget cycle is in effect. The government has currently introduced funding targets based upon the multi-year budget cycle. The Department of Health is now in the process of planning based on these expenditure guidelines.

Recommendation
6.11 **That each Regional Health Authority develop its Regional Services Plan, which will define the role and function of all institutions within its region.**

Action
This will be an integral part of the Regional Health Agencies' mandate as they develop.

Recommendation
6.12 **That the Ministry of Health develop incentives to promote alternative settings and payment for primary care services provided by physicians and other front-line health professionals, such as community health centres and health service organizations.**

Action
The Department has a pilot community health centre project in operation on the Hants Shore. The Department has also agreed to fund a three year pilot primary health care model in Cheticamp in conjunction with RNANS and Sacred Heart Hospital.

Recommendation
6.13 **That the Regional Health Authorities consider the expansion of the roles of Community Hospitals as primary care facilities.**

Action
The Task Force on Primary Health Care may examine the community hospital role to some extent. The Regional Health Agencies will have input in role identification for community hospitals.

Recommendation
6.14 **That a task force of the Provincial Health Council, composed of representatives from the Ministry of Health, the Nova Scotia Association of Health Organizations, and each Regional Health Authority, be established to recommend revisions to the hospital funding system, taking into account the principles outlined above.**

Action
The Department has initiated a review of funding strategy with representatives from NSAHO and the regions.

A Funding Task Force has been established by the Health Care Facilities Division comprised of representatives from community, regional and tertiary care hospitals including representatives of Administration, Nursing and Medical Staff. This Task Force will develop a model for funding hospitals on an output basis, and will review strategies developed in other jurisdictions. These recommendations will be available by late 1992 or early 1993.

Recommendation

6.15 That the Ministry of Health participate in inter-provincial studies to develop a model for funding hospitals on an output basis.

Action
See 6.14. In addition, the Provincial representatives on the Federal/Provincial Advisory Committee on Instititional and Medical Services (ACIMS) co-ordinated a review of alternative funding developments for each of the provinces. The present budgeting philosophy for Nova Scotia is based upon the identification of the population served by each facility and approved volumes of service. The province will continue to monitor developments in other provinces increasing the emphasis on funding relating to output with modifications made to our provincial strategy where appropriate. A number of alternative funding models on more direct relationship with output have been tested in 1991-92.

Recommendation

6.16 That the establishment of the Victoria General Hospital as a distinct, independent organization, subject to the same rules and regulations as other hospitals in the province, be accelerated and that the Nova Scotia Hospital be similarly established.

Action
The Victoria General Hospital will become an independent entity in 1993. The Nova Scotia Hospital has initiated the development of a transition process, and will draw heavily on the experience of the Victoria General Hospital. The process is expected to be complete by April 1995.

Recommendation

6.17 That all government-owned hospitals employ nominating procedures for the appointment of directors that are similar to and consistent with the procedures in use at the other hospitals in the province.

Action

Although no specific action has been taken with respect to this recommendation, it has been suggested that government-owned hospitals submit in writing those characteristics they deem most suitable for board representation.

The Provincial Government has adopted a public call for nominations on all Hospital Board positions appointed directly by the province. The Department will be examining methods to increase selection at a local level.

Recommendation

6.18 That the Hospital Construction Programme and Committee be disbanded and that a freeze be established on all capital construction, major capital equipment acquisitions, and new programmes until the Provincial Health Strategy and Regional Services Plans have been established.

Action

The Hospital Construction Committee has been dismantled. However, it would be unreasonable to freeze all capital construction and major capital equipment acquisitions until such time as a Provincial Health Strategy and Regional Services Plans have been established.

Capital construction will be only approved for replacement facilities and within the target of 5.0 beds per 1000 population. The long term plan does not include any increase in the overall number of hospital beds in Nova Scotia.

Recommendation

6.19 That the indirect costs of teaching be explicitly incorporated into the new hospital funding formula.

Action

This will be considered by the Funding Task Force. See 6.14.

Recommendation

6.20 That the internship and practicum components of the education of health professionals be extended to the regions.

Action

The Task Force on Physician Policy Development is addressing

questions of this nature. Issues related to the distribution of internships for other health professions will be examined by the Nova Scotia Advisory Committee on Health Human Resources once it is reactivated.

Recommendation

6.21 That the Provincial Health Council appoint a task force to make recommendations with respect to:

(a) an appropriate reduction in the number of beds in the Halifax hospitals reserved for teaching medical students; and

(b) the extension of hospital privileges to general practitioners in the community.

Action

The Department of Health has initiated discussions through the Council of Teaching Hospitals to examine the requirement for teaching beds in Metro. A non-teaching Family Medicine Unit now exists at Camp Hill Medical Centre which will accept applications for privileges from Halifax based General Practitioners. The Grace Maternity and I.W.K. Hospitals have also long standing practices of providing privileges to this group when requested.

Recommendation

6.22 That the Ministry of Health increase public education programmes to provide people with information on health status, healthy behaviour and lifestyles, and costs of health care, to encourage a sense of public stewardship of valuable health resources.

Action

Public education programs on healthy behaviour and lifestyles have been increased. It is anticipated that the Provincial Health Council and Regional Health Agencies will play an increasing role in public education on these issues.

Recommendation

6.23 That the Ministry of Health devise educational strategies aimed at all health professionals to promote more efficient management of health care resources. Further, that health professional education incorporate a managerial component into all programmes.

Action

The Division of Insured Professional Services has made some considerable progress with respect to health professionals.

NSAHO, along with the Department, have begun to have some effect in institutions through the promotion and implementation of quality assurance programs. Through liaison with the schools of health professions, such strategies are also being developed. Emphasis has been placed on using existing opportunities, through curriculum development and curriculum content, to address this issue. Furthermore, the Task Force on Nursing is also addressing the issue.

Recommendation

6.24 **That the Ministry of Health require all health care institutions and Homes for Special Care to implement quality assurance and risk management programmes.**

Action

NSAHO has developed a proposal in the risk management field which is under review at this time. The Department has initiated a service review process for all unaccredited hospitals (8) and such a program is a requirement for all accredited institutions.

All hospitals are required to address the need for Quality Assurance and Risk Management as part of either the accreditation process or through the Services Review initiative.

A review of quality assurance and risk management programs in Homes for Special Care will be undertaken when these become part of the Department of Health in 1993.

PART B

HEALTH STRATEGY FOR THE NINETIES INITIATIVES

A NEW PLANNING DYNAMIC

Initiative
The Provincial Health Council will provide a forum for broad public participation in health planning and in the establishment of Health Goals for the province. The Health Council will be established, and begin its work, immediately.

Action
See 3.02.

Initiative
A Senior Interdepartmental Committee on Health Policies and Programmes will be created. The standing members of the Committee will include the Ministers and Deputy Ministers from the following departments: Health, Community Services, Education, Solicitor General, Environment, Housing and Labour. Representatives of other departments will be seconded as needed.

Action
See 3.21

Initiative
Government will proceed as soon as possible with regionalization of health-related planning and services, by establishing Regional Health Agencies in all regions of the province.

Action
See 3.14

Initiative
Government will examine decentralization at a later date, based on evaluation of the experience with regionalization.

Action
To be examined at later date. See 3.15.

Initiative
Six Regional Health Agencies will be established.

Action
See 3.14.

Initiative
All divisions of the Department of Health will use these regions for planning and operational purposes.

Action
See 3.19

Initiative
Reorganization of the Department of Health will be addressed as a first priority.

Action
See 3.07.

Initiative
The Department of Health will be comprised of five operational divisions - Health Care Facilities, Insured Professional Services, Community Health & Health Promotion, Mental Health Services, and Drug Dependency Services - and two support divisions, Policy and Planning and Corporate Services.

Action
A Departmental reorganization took place in September of 1991. There are several deviations from the recommendation:

- there are three support divisions - Policy, Planning and Research, Corporate Service, (including Human Resource) and Information Systems (including Vital Statistics).

- Health Promotion has been integrated with the Policy, Planning and Research Division, and Community Health Services Division has become the Public Health Services Division.

Initiative
The Department's name will be changed to "Department of Health." The title "Division Administrator" will be changed to be more consistent with other Departments in Nova Scotia and elsewhere; the title "Assistant Deputy Minister" (ADM) will be used for all divisional heads.

Action

The Department's name changed in practice in April 1991, with enabling legislation passed in June of 1992. The change of Division Administrator to ADM was not in step with Civil Service Commission and Government standards for titles, and was not accepted.

Initiative

Regional Coordinating Groups will be established, one for each of the six proposed health regions. These groups will bring together appropriate staff for the region concerned so as to ensure coordination and integration of planning and service delivery.

Action

The Policy, Planning and Research Division will provide a direct link to Regional Health Agencies. They will also interact as necessary with other divisions.

Initiative

The Department of Health will create and chair a Regional Health Agency Planning Committee, to be comprised of the chairpersons of the six Regional Health Agency boards and senior Department staff.

Action

Coordination of RHAs will be evolutionary. It has not yet been done.

Initiative

The Agreement with Maritime Medical Care Inc. (MMC) will be amended so that the Department of Health will assume responsibility for research and policy analysis with respect to MSI programmes.

Action

Policy and research for insured services (formerly at MMC) now resides with the Insured Professional Services Division. Staff were transferred Sept. 1, 1991.

Initiative

The Agreement with MMC will be amended so that the Department of Health will assume a major role in systems development with respect to MSI programmes.

Action

Agreement has been reached with MMC to have the Information Systems Division of the Department of Health take over responsibility for systems development of insured services data.

Initiative
The Health Services and Insurance Commission (HSIC) will be integrated with the Department of Health, becoming the Insured Professional Services Division.

Action
See 3.07.

Initiative
The following committees (related to insured professional services) will be established by the Minister of Health; a Negotiating Committee, a Due Inquiry Committee and an Insured Services Appeal Board.

Action
A new structure is currently under review by the Department of Health. See 3.07 and 3.08.

Initiative
To ensure that drug dependency services are fully integrated with other health services, the Commission on Drug Dependency will be integrated with the Department of Health, becoming the Drug Dependency Services Division.

Action
See 3.07.

Initiative
The provincial advisory functions hitherto provided by the Commission on Drug Dependency will be maintained, by establishing a Minister's Advisory Committee on Substance Abuse.

Action
This committee has been set up. The Minister's Substance Abuse Advisory Board (taking the place of the former Commission) met for the first time in September 1992.

HEALTH PROFESSIONS

Initiative
The Task Force on Nursing will be formed, and begin its work, as soon as possible.

Action
The Task Force on Nursing was appointed February 1991.

Initiative
A Ministerial Committee on Physician Policy will be formed, and begin its work as soon as possible.

Action
The Task Force on Physician Policy Development was appointed in May 1991. Their report is due late in 1992 or early in 1993.

Initiative
A comprehensive health human resources management information system will be developed by the Department of Health, in consultation with the health professions.

Action
This is being pursued by the Department, initially in conjunction with the Task Forces on Nursing and on Physician Policy Development.

Initiative
The mandate of the Nova Scotia Advisory Commission on Health Human Resources will be expanded to include matters pertaining to all health professionals in Nova Scotia.

Action
This committee is currently in abeyance, pending the Reports of the Task Forces on Physician Policy Development and Nursing.

REVITALIZED SERVICES FOR THE CONTINUUM OF CARE

Initiative

Spending on community health programmes, including health promotion, will be increased from 2.2% of the Department of Health budget to approximately 4% within five years. This will be achieved by internal reallocation within the Department's overall budget.

Action

The Community Health Division has undertaken a strategic planning process and is now called the Public Health Services Division. Resources will be allocated dependent upon the acceptance of this plan, and also depending upon the Health Goals of the Provincial Health Council.

Initiative

The rate of increase of total provincial government spending on health will be reduced.

Action

With the announcement of a 3 year budget cycle in 1991/92 the rate of increase has gone from approximately 5 percent per year to 0, 0, and 3 percent for 1991/92, 1992/93, and 1993/94 respectively.

Initiative

The Government of Nova Scotia will promote the Primary Health Care approach in all regions of the province. The Department of Health will integrate Primary Health Care principles into its departmental Strategic Plan.

Action

This will be addressed as the Department enhances its planning process. Regional health Agencies will likely play a strong role in promoting primary health care approaches in their respective regions.

Initiative

The Department of Health will set up a Working Group on Primary Health Care Delivery to help communities develop integrated approaches to primary health care. The Working Group will work in consultation with other departments and agencies involved in related service delivery.

Action

The Task Force on Primary Health Care was appointed in April 1992.

Initiative

A committee with joint participation by the Community Health and Health Promotion Division central office and the Regional Health Units will be established to maintain definition of their respective priorities, roles and objectives.

Action

Community Health Services Division has undergone a strategic planning process to identify philosophy, mission, goals, organizational structure and core programs, and its relationship to Health Units. It has been renamed the Public Health Services Division.

Initiative

Rationalization of the hospital sector has been initiated by the Department of Health, and will be continued.

Action

Rationalization is continuing.

Initiative

The Home Care Coordinating Agency will be renamed the Continuing Care Coordinating Agency and its mandate will be broadened to include all continuing care services (including the Coordinated Home Care Programme - CHCP). The Continuing Care Coordinating Agency will provide policy direction and leadership. It will work in close conjunction with Regional Health Agencies in meeting the mandate of coordinating continuing care services at the regional level.

Action

Phase one of the evaluation of the Coordinated Home Care Program has been completed. A Long Term Care Review Committee in the Department of Community Services has recently completed a report on continuing care services. The nursing component of the Coordinated Home Care Program will be transferred by April 1993 to the Department of Community Services and Homes for the Aged and Nursing Homes will be transferred to the Department of Health.

Initiative

The possibility of establishing a single entry point for all continuing care services in each area of the province will be examined. These entry points would operate according to provincial

standards and guidelines to be established under the auspices of the Continuing Care Coordinating Agency.

Action

This issue has been considered by the Long Term Care Review Committee under the Community Services Department. The Department of Health was represented on this Committee.

Initiative

Within the Community Health and Health Promotion Division of the Department of Health, separation of the CHCP nursing-care component from the community health nursing function (health promotion and disease prevention) will be instituted.

Action

This will be finalized with the transfer of the CHCP program to Community Services in 1993.

Initiative

An evaluation of the Coordinated Home Care Programme (CHCP) will be completed. After this evaluation is complete, the desirability of expanding the CHCP to include additional services and/or target groups will be examined. In addition, the question of which division within the Department of Health should administer the CHCP will be reviewed. Home Care is a treatment programme, and as such should eventually be administered by the Facilities Division, which has responsibility for treatment services.

Action

Phase one of the evaluation is complete. The nursing component of the Coordinated Home Care Program will be transferred in April 1993 to the Department of Community Services. No expansion of the program is planned at this time.

Initiative

A review of Level III care will be undertaken, in particular to determine if providing Level III care in Nursing Homes would be more appropriate and/or less costly than providing it in hospitals.

Action

The Long Term Care Review Committee of the Community Services Department has reviewed this issue and has recommended that a committee be struck to look at this issue in greater detail.

Nursing Homes and Homes for the Aged will be transferred to the Department of Health in April, 1993. The issue of Level III care will be reviewed following the transition of Homes for Special Care and Nursing Homes to the Department of

Health.

Initiative
The Nova Scotia Hospital will become an independent corporation, subject to the same rules and regulations as other hospitals in the province.

Action
Plans are currently underway for making the Nova Scotia Hospital an independent corporation. Completion of this process is expected in 1995. Final negotiations for the transition process have just been completed and will be submitted to Management Board very soon.

Initiative
A Working Group on Mental Health Services will be established by the Minister of Health.

Action
This group was appointed in October 1991, and is expected to report late in 1992. A discussion paper has been made public, and the Working Group is currently consulting with the public.

Initiative
Government supports the establishment and priorities of the Ambulance Services Advisory Committee, in keeping with the recommendations of the Nova Scotia Royal Commission on Health Care, and will promote enhanced management of ambulance services in Nova Scotia.

Action
Report submitted Oct. 1991. See 5.17.

Initiative
An Advisory Committee on Drug Utilization will be formed.

Action
See 5.14.